

\* PLEASE SEND CHECK TO  
HOME ADDRESS \*

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

Page 1 of 3 Pages

CLAIMANT'S NAME		SSN or EMPLOYEE NUMBER*		DEPARTMENT OCIO	
POSITION Chief of Staff		CB/ID No.		DIVISION or BUREAU Office of the State Chief Information Officer	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1325 J Street, Suite 1600		INDEX NUMBER (916) 319-9223	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA		Sacramento	CA	95814

(1) NORMAL WORK HOURS  
0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED  
0.585

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE    TIME				(8) BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
05/2009														
5/18	0500 2000	San Francisco		6.00		18.00			PC	8.00	175.00	102.38		134.38
5/28	0600 1900	San Francisco		6.00		18.00			RC	33.00		0.00	18.65	75.65
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	12.00	0.00	36.00	0.00	0.00		41.00	175.00	102.38	18.65	210.03
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$210.03

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

5/18: Attended 2 meetings in San Francisco regarding ARRA.

5/28: Went to San Francisco to attend an all day School 2 Home meeting.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 6.12.09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature]	DATE 6-16-09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE

MEETING AT PUC IN SF

175 mi R.T.

TOLL RECEIPT

California Department of Transportation

SF - Oakland Bay Bridge

Please Don't Drink & Drive!!

05/18/09 06:54:42 LANE: 17 ID: 072  
CLASS: 12 \$ 4.00 CASH

||

TOLL RECEIPT

California Department of Transportation

CALTRANS - ATCAS  
Carquinez Strait Bridge

Thank You !!

05/18/09 13:06:03 LANE: 11 ID: 481  
CLASS: 12 \$ 4.00 CASH

WELCOME TO  
PACIFIC GAS  
1705 W:CAPITOL

VALERO 12345

STATION NUMBER  
00203243001

05/28/09 05:40

VISA CREDIT

PUMP# 6 UNL 87  
GALLONS 7.013  
@ \$2.659/GAL  
FUEL \$18.65

TOTAL \$18.65

SEQ NUM 29906  
AUTH# 01461C

THANK YOU  
PLEASE COME  
AGAIN!!!!

Receipt

06/07/2009 15:12:09

City Park

FeeComputer Number: 12

Entry Time: 5/28/2009 9:35 AM

Exit Time: 5/28/2009 11:12 PM

Duration: 3h 36m

Day Shift

Trans: 687

Ticket Number: 53092

Hearst Garage Rate: \$ 25.00

Total: \$ 25.00

Tender: \$ 25.00

Change: \$ 0.00

SCHOOL TO HOME MEETING IN SF.

I FORGET TO GET BRIDGE TOLL RECEIPTS  
PER BOTH THE BAY BRIDGE AND COZQUINEZ  
BRIDGE.